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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	KOPELLE
First Named Inventor	RICHARD A. KOPELLE
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPY BUDDY

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Plantgrass Protection Act of 1990, it is a crime to intentionally or recklessly infringe a patent or trademark right.

PTO/SB/01 (04-02)
Approved for use through 04/01/2009. GPO 0881-0012
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> Correspondence address below
Name			
			
Address			
City 28157 PATENT TRADEMARK OFFICE		State	ZIP
Country		Telephone	Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any) RICHARD A.		Family Name or Surname KOPELLE	
Inventor's Signature <i>Richard A. Kopelle</i>		Date 7-16-03	
Residence: City Rancho Mirage	State CA	Country USA	Citizenship USA
Mailing Address 8 Calmont Drive			
City Rancho Mirage	State CA	ZIP 92270	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or legal representatives are being named on the <input type="checkbox"/> supplemental sheet(s) PTO/SB/08A or GSR attached hereto.			

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PTO/SB/091 (06-03)
 Approved for use through 11/30/2008. GOM 0851-0255
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Under the Physician's Registration Act of 1985, no physician may be entitled to register or to receive a certificate of registration unless it includes a valid CRM control number.

**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	
Filing Date	
First Name Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	Kopelle

I hereby appoint:

Practitioner at Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Ursula B. Day, Esq.	97,296

I, my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please indicate or change the correspondence address for the above-identified application to:

The above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ursula B. Day, Esq.				
Address	350 Fifth Avenue				
Address	Suite 4714				
City/County	New York	State	NY	Zip	10118
Telephone	(212) 244-5500	Fax	(212) 244-2233		

I am:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/04)

SIGNATURE of Applicant or Assignee of Record

Memo	Richard A. Kopelle		
Signature	Richard A. Kopelle		
Date	7-16-03	Telephone	760 202-0096

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is needed to obtain or retain a benefit by law or public right to be had by the USPTO in processing an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you spend to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Central Business Center for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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